(b) and (c) Government has set up Medicinal Plants Board vide Resolution notified on 24th November, 2000. The objectives of establishing the Board is to establish an agency which would be responsible for co-ordination of all matters relating to medicinal plants, including drawing up policies and strategies for conservation, proper harvesting, cost-effective cultivation, research and development, processing, marketing of raw material in order to protect, sustain and develop this sector. The Board has implemented schemes for various promotional activities including survey, inventorisation, documentation, in/ex-situ conservation, extension activities for increasing awareness, training of growers and collectors, research & development etc. in the field of medicinal plants.

(d) There is no such proposal.

(e) Does not arise.

(f) State Medicinal Plants Board has already been set up in the State of West Bengal to coordinate and implement scheme relating to medicinal plants in the State including the Himalayan and Hilly areas of Darjeeling.

Health spending and GDP

† 2809. DR.MURLI MANOHAR JOSHI:
SHRI RAVI SHANKAR PRASAD:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have decided to spend 3 per cent of gross domestic product on health services in the country during the coming five years;

(b) if so, the facts in this regard;

(c) whether there is any proposal also of making an increased in budget expenditure regarding health during each coming year to achieve the said target; and

(d) if so, the details of such a proposal?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes. Sir, The National Common Minimum Programme (NCMP) stipulates *inter-alia* that

†Original notice of the question was received in Hindi.

Government will raise public spending on health to at least 2-3% of GDP over next five years with focus on primary health care besides stepping up public investment in programmes to control all communicable diseases and also provide leadership to the National AIDS Control effort.

(c) and (d) Yes Sir, under the National Rural Health Mission, it has been envisaged to provide for a substantial step up in budgetary allocations in successive years in the light of the absorptive capacities and requirements of the States to achieve the above objective. MoUs have also been signed with States which seeks *interalia* a commitment on their part to increase the State share of expenditure on health by at least 10% every year.

Improving the performance of NRHM

†2810. SHRI RAM JETHMALANI:
SHRI RAJ MOHINDER SINGH MAJITHA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any programme is under consideration of Government to make National Rural Health Mission more effective;

(b) if so, the outlines thereof;

(c) the States where above mission is being run in the country at present and where the said mission is required to be made more effective; and

(d) the number of people in each State benefited under the said programme during the year 2005-2006?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) Yes Sir, the Government has implemented National Rural Health Mission (NRHM) throughout the country with special focus on 18 high focus States which includes 8 Empowered Action Group (EAG) States (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttaranchal, Orissa and Rajasthan), 8 NE States, Himachal Pradesh and Jammu & Kashmir.

The NRHM aims at improving the range and quality of hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. The NRHM further aims to provide overarching umbrella to the existing National

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